

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2		1					52	
3		2					53	
4		3					54	
5		4					55	
6		5					56	
7		6					57	
8		7					58	
9		8					59	
10		9					60	
11		10					61	
12		11					62	
13		12					63	
14		13					64	
15		14					65	
16		15					66	
17		16					67	
18	1						68	
19		1					69	
20		2					70	
21		2					71	
22		2					72	
23		2					73	
24		3					74	
25		4					75	
26		5					76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	